## **APPLICATION DATA SHEET**

## **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	MODULAR SWITCHING DEVICE
Attorney Docket Number::	1034456-000042
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	

Variety Denomination Name::		
Petition Included?::	No	
Petition Type::		
Licensed US Govt. Agency::		
Contract or Grant Numbers::		
Secrecy Order in Parent Appl.?::	No	
Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Finland	
Status::	Full Capacity	
Given Name::	Harri	
Middle Name::		
Family Name::	MATTLAR	
Name Suffix::		
City of Residence::	Iskmo	
State or Province of Residence::		
Country of Residence::	Finland	
Street of Mailing Address::	Jungsundsvägen 809	
City of Mailing Address::	Iskmo	
State or Province of Mailing Address::		
Country of Mailing Address::	Finland	
Postal or Zip Code of Mailing	FI-65760	
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Address::		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Finland	
Status::	Full Capacity	
Given Name::	Rainer	
Middle Name::		
Family Name::	KOLMONEN	
Name Suffix::		
City of Residence::	Laihia	
State or Province of Residence::		
Country of Residence::	Finland	
Street of Mailing Address::	Urputie 3 as 1	
City of Mailing Address::	Laihia	
State or Province of Mailing Address::		
Country of Mailing Address::	Finland	
Postal or Zip Code of Mailing Address::	FI-66400	
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Finland	
Status::	Full Capacity	
Given Name::	Juho	
Middle Name::		
Family Name::	SALO	
	Page # 3	1. 11. 1. 1. 1. 40. 200

Name Suffix::	
City of Residence::	Vaasa
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Huuhkajankatu 19 A 2
City of Mailing Address::	Vaasa
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65320
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Osmo
Middle Name::	
Family Name::	PIKKALA
Name Suffix::	
City of Residence::	Sundom
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Kronvikintie 323
City of Mailing Address::	Sundom

State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65410
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Aki
Middle Name::	
Family Name::	SUUTARINEN
Name Suffix::	
City of Residence::	Vaasa
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Pihkatie 12 A 5
City of Mailing Address::	Vassa
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65320
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland

Status::

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Full Capacity

Given Name::	Jarkko
Middle Name::	
Family Name::	ALANEN
Name Suffix::	
City of Residence::	Ylihärmä
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Koukkuluomantie 301
City of Mailing Address::	Yliharma
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-62375
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Martti
Middle Name::	
Family Name::	TUONONEN
Name Suffix::	
City of Residence::	Vaasa
State or Province of Residence::	

Country of Residence::

Finland

Street of Mailing Address::

Fasaaninkatu 2 A 2

City of Mailing Address::

Vaasa

State or Province of Mailing

Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing

FI-65370

Address::

**Correspondence Information** 

Correspondence Customer Number:: 21839

Phone Number::

703 836 6620

Fax Number:

703 836 2021

Representative Information

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application::

**Continuity Type::** 

Parent Application:: Parent Filing

Date::

This Application

National Stage of

PCT/FI2005/000032 01/18/05

**Foreign Priority Information** 

Country::

**Application Number::** 

Filing Date::

**Priority** 

Claimed::

Finland

20040065

01/19/04

Yes

## **Assignee Information**

Assignee Name::

ABB OY

Street of Mailing Address::

Strömbergintie 1

City of Mailing Address::

Helsinki

State or Province of Mailing

Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing

FI-00380

Address::